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BEFORE THE
PHYSICIAN ASSISTANT BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against**:** **ELVIRA PARKS, P.A.** 1380 San Pablo Ave Rodeo, CA 94572-1354 Physician Assistant License No. PA 17846 Respondent.	Case No. 950-2019-002544 **ACCUSATION**

PARTIES

1. Rozana Khan (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Physician Assistant Board, Department of Consumer Affairs.

2. On February 25, 2005, the Physician Assistant Board issued Physician Assistant License Number PA 17846 to Elvira Parks, P.A. (Respondent). The Physician Assistant License was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2023, unless renewed.

JURISDICTION

3. This Accusation is brought before the Physician Assistant Board (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated

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STATUTORY AND REGULATORY PROVISIONS

4. Section 3527 of the Code provides, in pertinent part, that the Board may order the suspension or revocation of, or the imposition of probationary conditions upon a physician assistant license for unprofessional conduct which includes, but is not limited to a violation of the statutes pertaining to physician assistants, a violation of the Medical Practice Act, or a violation of the regulations adopted by the Board. If probation is imposed, the Board may order the licensee to pay the costs of probation monitoring.

5. Section 2234 of the Code provides, in pertinent part, that the Board shall take action against any licensee who is charged with unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, or assisting in or aiding in or abetting the violation of, or conspiring to violate, any provision of this chapter.

(b) Gross negligence

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of the licensee.

6. Section 3502 of the Code states, in pertinent part:

> (a) Notwithstanding any other law, a PA may perform medical services as authorized by this chapter if the following requirements are met:
>
> (1) The PA renders the services under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California or by the Osteopathic Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.
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> (2) The PA renders the services pursuant to a practice agreement that meets the requirements of Section 3502.3.
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> (3) The PA is competent to perform the services.
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> (4) The PA education, training, and experience have prepared the PA to render the services.
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> . . .
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> (2) A supervising physician and surgeon shall be available to the physician assistant for consultation when assistance is rendered pursuant to this subdivision. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c) Nothing in regulations shall require that a physician and surgeon review or countersign a medical record of a patient treated by a physician assistant, unless required by the practice agreement. The board may, as a condition of probation or reinstatement of a licensee, require the review or countersignature of records of patients treated by a physician assistant for a specified duration.

(f) Notwithstanding any other law, a PA rendering services in a general acute care hospital as defined in Section 1250 of the Health and Safety Code shall be supervised by a physician and surgeon with privileges to practice in that hospital. Within a general acute care hospital, the practice agreement shall establish policies and procedures to identify a physician and surgeon who is supervising the PA.

7. Section 3502.1 of the Code states:

In addition to the medical services authorized in the regulations adopted pursuant to Section 3502, and except as prohibited by Section 3502, a PA may furnish or order a drug or device subject to all of the following:

(a) The PA shall furnish or order a drug or device in accordance with the practice agreement and consistent with the PA's educational preparation or for which clinical competency has been established and maintained.

(b)(1) A practice agreement authorizing a PA to order or furnish a drug or device shall specify which PA or PA's may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the PA's competence, including peer review, and review of the practice agreement.

(2) In addition to the requirements in paragraph (1), if the practice agreement authorizes the PA to furnish a Schedule II controlled substance, the practice agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance.

(c) The PA shall furnish or order drugs or devices under physician and surgeon supervision. This subdivision shall not be construed to require the physical presence of the physician and surgeon, but does require the following:

(1) Adherence to adequate supervision as agreed to in the practice agreement.

(2) The physician and surgeon be available by telephone or other electronic communication method at the time the PA examines the patient.

(d)(1) Except as provided in paragraph (2), the PA may furnish or order only those Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) that have been agreed upon in the practice agreement.

(2) The PA may furnish or order Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

(e)(1) The PA has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section or has completed a program for instruction of PAs that meet the requirements of Section 1399.530 of Title 16 of the California Code of Regulations, as that provision read on June 7, 2019.

(2) A physician and surgeon through a practice agreement may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) PAs who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, and who have not successfully completed a one-time course in compliance with Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall complete, as part of their continuing education requirements, a course that covers Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision. Evidence of completion of a course meeting the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall be deemed to meet the requirements of this section.

(f) For purposes of this section:

(1) "Furnishing" or "ordering" shall include the following:

(A) Ordering a drug or device in accordance with the practice agreement.

(B) Transmitting an order of a supervising physician and surgeon.

(C) Dispensing a medication pursuant to Section 4170.

(2) "Drug order" or "order" means an order for medication that is dispensed to or for an ultimate user, issued by a PA as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

(g) Notwithstanding any other law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of a supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants; and (3) the signature of a PA on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

8. Section 125.3 of the Code provides that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

9. Title 16, California Code of Regulations section 1399.521 provides, in pertinent part, that the Board may discipline a physician assistant who performs medical tasks which exceed the scope of her practice authority. Title 16, California Code of Regulations section 1399.540

provides, in pertinent part, that a physician assistant may only provide medical services that have been delegated in writing by a supervising physician.

CAUSES FOR DISCIPLINE

(Unprofessional Conduct/Gross Negligence/Repeated Negligent Acts/Exceeding Scope of Practice/Dishonest Acts)

10. In May 2019, Respondent worked as a physician assistant at a Kaiser hospital. Respondent's primary responsibilities were for postoperative patient care in the Spine Surgery Department. In February 2019, Respondent signed a Delegation of Medical Services agreement with the Spine Surgery Department. The Delegation of Services Agreement specifically provided that Respondent was authorized to issue or carry out drug orders based upon established practice protocols, under the supervision of physicians, and that a record of a physician's oral authorization for a drug order was to be entered into the patients' medical record by the physician assistant.

11. On May 2, 2019, Patient 1 underwent a scheduled cervical spine discectomy. Patient 1 had a history of pulmonary embolism and deep vein thrombosis, and had been maintained on anticoagulation medication for a number of years. Prior to his scheduled surgery, Patient 1's medical team implemented anticoagulation "bridging" measures to reduce the risk of bleeding and clots during and after his surgery. The bridging process involved stopping Patient 1's normal oral anticoagulant medication some days before the surgery to allow for dissipation of its effect, then "bridging" with a short-acting intravenous anticoagulant just prior to the procedure, then reintroducing anticoagulation treatment after surgery. Postoperative bleeding can be a serious complication in spine surgery, and the bridging process must be carefully designed and directed by the surgeon. Patient 1's bridging process was implemented according to a schedule and protocol authorized by the spine surgeon, and in accordance with Kaiser's authorized procedures.

12. On the morning of May 3, 2019, post-operative day (POD) 1, Respondent was assigned to monitor Patient 1. Respondent was present for the morning staff meeting at which Patient 1's status was discussed. Patient 1's spine surgeon was present at the meeting, and informed all staff that Patient 1 was not to start anticoagulation bridging until POD 4. During

morning rounds that day, Respondent was present when the care team discussed once again that Patient 1, as a spine surgery patient, would not begin anticoagulant bridging until POD 4, due to the risk of surgical site bleeding. The tentative plan was that Patient 1 would be discharged later on POD 1.

13. At 11:41 a.m. on May 3, 2019, Respondent ordered the anticoagulant Lovenox[1] without consulting with or obtaining approval from, Patient 1's spine surgeon or any physician. In accordance with Respondent's medication order, nursing staff administered Lovenox at 1:40 p.m. Respondent had another discussion with Patient 1's spine surgeon, and was again reminded not to start anticoagulation until POD 4. At that point, Respondent accessed the patient's medical record and deleted the order for Lovenox. When the spine surgeon and hospitalist were informed of the administration of Lovenox, the decision was made to transfer Patient 1 to the intensive care unit for several days of intensive neurologic monitoring.

14. Respondent was interviewed by Kaiser staff on May 9, 2019. Respondent acknowledged that she was informed that anticoagulation bridging would not begin until POD 4. She asserted that the hospitalist physician informed her that he wanted to start to bridge the patient on May 3, 2019, and gave her a verbal order to contact the pharmacist to initiate the process.[2] Respondent acknowledged that, in hindsight, she should have conformed the verbal order with the spine surgeon.

Respondent provided the Board a "summary of care" dated October 20, 2019. She represented that she was advised by an unidentified surgeon to discuss the issue of Lovenox bridging with the hospitalist, and that she was verbally instructed by the hospitalist to call the pharmacist and order anticoagulant therapy.

[1] Lovenox is a form of heparin used to prevent and treat blood clots. It is a medication used during anticoagulant bridging.

[2] The hospitalist has stated that he did not direct Respondent to prescribe Lovenox. The spine surgeon managed all medication related to the spinal surgery. The hospitalist was unaware Respondent had ordered Lovenox until he was informed by another physician assistant, at which point he notified the spine surgeon. The hospitalist's account was consistent with his contemporaneous medical record, and with the statements of other personnel involved in the care of Patient 1.

Respondent was interviewed by the Board's investigators on October 13, 2020. She stated that she overheard a discussion on May 3, 2019 between the spine surgeon and another physician assistant in which the spine surgeon suggested the hospitalist should be consulted regarding whether to implement an earlier bridging process, and that the hospitalist subsequently gave her a verbal order to begin to bridge the patient for his Lovenox treatment. Respondent was asked during the interview why this was not documented in the patient's chart, and responded that her notes were stolen before she could enter the information in the medical record.

15. Respondent's conduct in ordering Levonox without authorization of the spine surgeon, and in violation of the explicit instruction of her supervising physicians constituted unprofessional conduct and gross negligence, and cause for discipline pursuant to sections 3527 and/or 2234 and/or 2234(b).

16. Respondent's conduct in exceeding the scope of her authority as a physician assistant by ordering Levonox in a manner contrary to the instructions of her supervising physicians, and in contravention of her Delegation of Services/practice agreement constitutes unprofessional conduct and gross negligence, and cause for discipline pursuant to sections 3527 and/or 2234 and/or 2234(b) and 16 Cal. Code of Regulations section 1399.540.

17. Respondent's conduct in misrepresenting her actions, changing her version of events over time, and failing to take responsibility for her actions constitute unprofessional conduct and dishonest acts, and cause for discipline pursuant to sections 3527 and/or 2234 and/or 2234(e) of the Code.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Physician Assistant Board issue a decision:

1. Revoking or suspending Physician Assistant License Number PA 17846, issued to Elvira Parks, P.A.;

2. Ordering Elvira Parks, P.A. to pay the Physician Assistant Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3, and if placed on probation, to pay the Board the costs of probation monitoring; and,

3. Taking such other and further action as deemed necessary and proper.

DATED: February 22, 2022

Rozana Khan

ROZANA KHAN
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California
Complainant

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